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## \*BIBDATASHEET\*

CONFIRMATION NO. 1508

Bib Data Sheet

SERIAL NUMBER 09/732,411	FILING DATE 12/07/2000  RULE	CLASS 435	GROUP ART UNIT 1644	ATTORNEY DOCKET NO. CMZ-124CP
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APPLICANTS

Samy Ashkar, Boston, MA;

\*\* CONTINUING DATA \*\*\*\*\*  
THIS APPLN CLAIMS BENEFIT OF 60/129,709 04/16/1999 *mt*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
PCT/US00/10329 04/17/2000 *mt*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
\*\* 03/26/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 0	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged <i>M. Ashkar</i> Examiner's Signature	<i>mt</i> Initials		

ADDRESS  
000959  
LAHIVE & COCKFIELD  
28 STATE STREET  
BOSTON , MA  
02109

TITLE  
Adhesion modulatory peptides and methods for use

FILING FEE  RECEIVED 501	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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<b>SERIAL NUMBER</b> 09/732,411	<b>FILING DATE</b> 12/07/2000 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1632	<b>ATTORNEY DOCKET NO.</b> CMZ-124CP
<b>APPLICANTS</b> Samy Ashkar, Boston, MA; <b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/129,709 04/16/1999 <b>** FOREIGN APPLICATIONS *****</b> PCT/US00/10329 04/17/2000 <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 03/26/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 29 <b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 000959				
<b>TITLE</b> Adhesion modulatory peptides and methods for use				
<b>FILING FEE RECEIVED</b> 501	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	